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| <b>CRP-1</b><br>(01-08-24)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation |                                          | 1. ST. & CO. CODE & ADMIN. LOCATION<br>20 145                                                         |              | 2. SIGN-UP<br>NUMBER<br>43                                                            |                                              |
| <b>CONSERVATION RESERVE PROGRAM CONTRACT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                       |                                          | 3. CONTRACT NUMBER<br>10208F                                                                          |              | 4. ACRES FOR<br>ENROLLMENT<br>32.76                                                   |                                              |
| 5A. COUNTY FSA OFFICE ADDRESS (Include Zip Code)<br>PAWNEE COUNTY FARM SERVICE AGENCY<br>324 MAIN ST<br>LARNED, KS67550-3567                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                       |                                          | 6. TRACT NUMBER<br>900                                                                                |              | 7. CONTRACT PERIOD<br>FROM: (MM-DD-YYYY)<br>10-01-2012 TO: (MM-DD-YYYY)<br>09-30-2027 |                                              |
| 5B. COUNTY FSA OFFICE PHONE NUMBER<br>(Include Area Code): (620) 285-2821                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                       |                                          | 8. SIGNUP TYPE:<br>General                                                                            |              |                                                                                       |                                              |
| <p><b>THIS CONTRACT is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned owners, operators, or tenants (referred to as "the Participant"). The Participant agrees to place the designated acreage into the Conservation Reserve Program ("CRP") or other use set by CCC for the stipulated contract period from the date the Contract is executed by the CCC. The Participant also agrees to implement on such designated acreage the Conservation Plan developed for such acreage and approved by the CCC and the Participant. Additionally, the Participant and CCC agree to comply with the terms and conditions contained in this Contract, including the Appendix to this Contract, entitled Appendix to CRP-1, Conservation Reserve Program Contract (referred to as "Appendix"). By signing below, the Participant acknowledges receipt of a copy of the Appendix/Appendices for the applicable contract period. The terms and conditions of this contract are contained in this Form CRP-1 and in the CRP-1 Appendix and any addendum thereto. BY SIGNING THIS CONTRACT PARTICIPANTS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORMS: CRP-1; CRP-1 Appendix and any addendum thereto; and, CRP-2, CRP-2C, CRP-2G, or CRP-2C30, as applicable.</b></p>                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                       |                                          |                                                                                                       |              |                                                                                       |                                              |
| 9A. Rental Rate Per Acre                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | \$ 34.33                                                              |                                          | 10. Identification of CRP Land (See Page 2 for additional space)                                      |              |                                                                                       |                                              |
| 9B. Annual Contract Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | \$ 1,125.00                                                           |                                          | A. Tract No.                                                                                          | B. Field No. | C. Practice No.                                                                       | D. Acres                                     |
| 9C. First Year Payment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | \$                                                                    |                                          | 900                                                                                                   | 0003         | CP25                                                                                  | E. Total Estimated Cost-Share<br>\$ 2,719.00 |
| (Item 9C is applicable only when the first year payment is prorated.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                                       |                                          |                                                                                                       |              |                                                                                       |                                              |
| <b>11. PARTICIPANTS (If more than three individuals are signing, see Page 3.)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                                       |                                          |                                                                                                       |              |                                                                                       |                                              |
| A(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)<br>COLE YURACK<br>29043 COUNTY ROUTE 179<br>CHAUMONT, NY13622-2341                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | (2) SHARE<br>100.00 %                                                 | (3) SIGNATURE (By)<br><i>[Signature]</i> | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY<br><i>[Signature]</i> |              | (5) DATE (MM-DD-YYYY)<br><i>[Signature]</i> 2-6-2025                                  |                                              |
| B(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (2) SHARE<br>%                                                        | (3) SIGNATURE (By)                       | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY                       |              | (5) DATE (MM-DD-YYYY)                                                                 |                                              |
| C(1) PARTICIPANT'S NAME AND ADDRESS (Include Zip Code)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | (2) SHARE<br>%                                                        | (3) SIGNATURE (By)                       | (4) TITLE/RELATIONSHIP OF THE INDIVIDUAL SIGNING IN THE REPRESENTATIVE CAPACITY                       |              | (5) DATE (MM-DD-YYYY)                                                                 |                                              |
| <b>12. CCC USE ONLY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | A. SIGNATURE OF CCC REPRESENTATIVE<br><i>[Signature]</i>              |                                          |                                                                                                       |              | B. DATE (MM-DD-YYYY)<br><i>[Signature]</i> 05/08/2025                                 |                                              |
| <p><b>NOTE:</b> The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.), the Food Security Act of 1985 (16 U.S.C. 3801 et seq.), the Agricultural Act of 2014 (16 U.S.C. 3831 et seq.), the Agricultural Improvement Act of 2018 (Pub. L. 115-334), the Further Continuing Appropriations and Other Extensions Act, 2024 (Pub. L. 118-22), and the Conservation Reserve Program 7 CFR Part 1410. The information will be used to determine eligibility to participate in and receive benefits under the Conservation Reserve Program. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to participate in and receive benefits under the Conservation Reserve Program.</p> <p><b>Paperwork Reduction Act (PRA) Statement:</b> The information collection is exempted from PRA as specified in 16 U.S.C. 3846(b)(1). The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. <b>RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.</b></p> |  |                                                                       |                                          |                                                                                                       |              |                                                                                       |                                              |

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